

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

097889610

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1	1		1	
4		1		1		1
5		1		2		1
6		1		3		1
7		1		4		1
8	1			5		1
9		1		6		1
10		2		7		1
11		1		8		1
12		1	1		1	
13		1		1		1
14		1		2		1
15		7		3		1
16		1		4		1
17		1	1		1	
18	1	1	1		1	
19	1		1		1	
20		1		1		1
21	1		1		1	
22		1	1		1	
23	1			1		1
24		1		1		1
25	1			1		1
26		1		1		1
27	1			1		1
28		1		1		1
29	1			1		1
30		1		1		1
31	1			1		1
32		1		1		1
33	1			1		1
34		1		1		1
35	1			1		1
36		1		1		1
37	1			1		1
38		1		1		1
39	1					
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46						
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48						
49						
50						
TOTAL IND.		↓		↓	8	↓
TOTAL DEP.		↓		↓	29	↓
TOTAL CLAIMS					37	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS